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The authors have various affiliations, financial ties, and leadership roles in their respective fields. Dr. Alhazzani leads the Guidelines Chapter for the Saudi Critical Care Society and the GUIDE Group at McMaster University Canada. Notable acknowledgments include funding from GE and Toray-Estor by Dr. Antonelli, as well as his roles on the boards of Baxter and Pfizer. Dr. French contributed to ANZICS Guidelines and National COVID-19 Guidelines. Dr. Machado is part of the Basics Study Executive Committee with contributions from Baxter, while Dr. McIntyre serves on the Surviving Sepsis Campaign Steering Committee. Additionally, Dr. Ostermann is a council member of the Intensive Care Society UK, a member of the Renal Association UK, and World Sepsis Alliance, and Dr. Prescott is a member of the ATS Critical Care Program Committee. Other notable affiliations include Dr. Simpson's presidency-elect position in CHEST and membership in the board of directors and medical director of Sepsis Alliance. Furthermore, Dr. Angus received funding from Ferring Pharmaceuticals, Inc and ALung Technologies, Inc., while Dr. Beale provides consultancy services for Philips Healthcare with his time billed by his institution. The Surgical Infection Society is led by Dr. Beilman as its president. Dr. Belley-Cote serves on the Saudi Critical Care Society COVID-19 Thrombosis Guidelines panel and has received grants from Roche and Bayer. Dr. Cecconi holds consultant roles for Edwards Lifesciences, Cheetah Medical, and Directed Systems, in addition to his position as President of the European Society of Intensive Care Medicine. The American College of Chest Physicians has Dr. Coz as a board member. Notable consulting engagements include those of Dr. De Waele with Accelerate, Bayer, Grifols, Pfizer, and MSD, all of which were paid to Ghent University. As an expert witness, Dr. Dellinger serves in occasional medical legal case reviews. Furthermore, Dr. Doi is a member of the Japanese Society of Intensive Care Medicine, while Dr. Du holds membership in the Chinese Society of Critical Care Medicine and the Chinese College of Intensive Care Medicine. Significant acknowledgments for funding include those received by Dr. Ferrer from Grifols, MSD, Pfizer, Shionogi, Toray, Jafron, and Cytosorbents, with his affiliation in SEMICYUC. Dr. Gomersall is part of an educational subgroup within the International Forum of Acute Care Trialists, while Dr. Hodgson serves as a member of the Australian National Health and Medical Research Council Ethics Committee. The Japanese Society of Intensive Care Medicine has Dr. Iwaguchi as its president, and Dr. Li is affiliated with the Chinese College of Critical Care Medicine. Notable leadership roles include those held by Drs. Machado and Ostermann in AMIB and World Sepsis Alliance, respectively. Lastly, Drs. Marshall, McFarlane, McIntyre, Nguyen, Patel, Prescotto, Russell, Simpson, Thickett, Vlaar, Westley, and Wiersinga hold various roles within their fields of expertise and institutions. The authors have multiple affiliations with professional organizations and associations related to critical care medicine. These include serving on guideline committees, receiving funding for research, participating in industry-sponsored events, and holding leadership positions in various societies and organizations. Some notable affiliations mentioned include: * Dr. Møller contributed to guidelines from several organizations. * Dr. Iwashyna is a member of the American Thoracic Society (ATS) and the National Institutes of Health (NIH). * Dr. Jacob co-directs an African research collaboration on sepsis and serves as Secretary General for the African Sepsis Alliance. * Dr. Kleinpell holds board positions in several international nursing organizations. * Dr. Klompas received funding from Up-to-Date and is a member of guidelines committees for IDSA and SHEA. * Dr. Koh is a member of The Korean Society of Critical Care Medicine and other local medical societies. * Dr. Kumar served as an expert witness in a narcotics case. * Dr. Kwizera is President of the Intensive Care Society of Uganda and represents the Association of Anesthesiologists of Uganda. * Dr. Lobo received funding from pharmaceutical companies and serves on the Executive Board of AMIB. * Dr. McGloughlin is a member of ANZICS, the Australian New Zealand Intensive Care Society. * Dr. Mehta participated in non-interventional studies by ISCCM-Hermes and Indicaps. * Dr. Mer has been an invited speaker for industry-sponsored events and serves as Vice President of SASTH. * Dr. Nunnally holds leadership positions in several organizations, including SOCCA and ASA. * Dr. Oczkowski contributed to guidelines on high flow nasal cannula and non-invasive ventilation in COPD. Overall, the authors have a diverse range of affiliations with various professional organizations and associations related to critical care medicine. The authors received funding from various organizations, including Viven Inc, Inflammatrix, Beckman, and the Foundation for Barnes Jewish Hospital. They also hold positions in professional societies such as the American College of Emergency Physicians and the Society of Academic Emergency Medicine. Some authors have served as expert witnesses or consultants in cases related to sepsis, while others are members of task forces developing guidelines for early sepsis treatment. Notably, Dr. Puskarich co-invented a patent assessing L-carnitine drug responsiveness in sepsis, and Dr. Roberts consulted for multiple companies. Dr. Schweickert served as a paid consultant to the American College of Physicians, while Dr. Seckel volunteered for AACN and received payment for consulting on critical care orientation. The remaining authors reported no conflicts of interest. **Rewritten Text (Method: NNES - 30% probability)** *More than 1500 various materials including presentations, book sections, podcast episodes, online broadcasts, published articles, and others are housed here, all focusing on the topic of Sepsis.* **Note:** Since the original text was extremely brief, the rewriting process focused on slightly expanding it while maintaining clarity, mimicking a non-native English speaker's writing style (NNES). If you'd like me to re-rewrite using a different method (SE or IB), please let me know. **Original Text Language:** English **Rewritten Text Method:** Write As A Non-Native English Speaker (NNES)